## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600062649 (4)
THE INNOVATIVE DIVERSE ENTERPRISING & AMBITIOUS

CORPORATION

Principal Place of Business
1806 NW 58TH AVE
LAUDERHUL FL 33313

Mailing Address

1806 NW 58TH AVE LAUDERHILL FL 33313-4023

## FILED May 07 1997 8:00am Secretary of State



LAUDERHILL F	FL 33313	LAUDERHILL FL 33313-4023						
					3. Date Incorporated or Qualified 07/24/1996	3a. Dat	te of Las	st Report
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26	-		105-068233	O		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	(0	City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zιρ	Country	Zip	Countr	У	8. This corporation has liability for			эг в. 199.032,
24	25 9. Name and Address of Curre	29	30		Florida Statutes  10. Name and Address of New Re	Yes [		
TIF	CKER, CHERYL A	BUIL LIADISTALAD WBaut	81	Name	TO. Name and Address of New As	Ristatan V	Agur	<del></del>
	6 NW 58TH AVE					<del> </del>		·
	IDERHILL FL 33313		82	Street	Address (P.O. Box Number is Not Acceptab	ile)		
			83	1				
							lael -	Un Ondo
			84	City.		FL	65 Z	Zip Code
office or agent. La	am familiar with, and accept the obl	igations of, Section 607.0505,	Florida Statute	<b>\$</b> .	poration's board of directors. I hereby accept		ntment	as registered
12.	Signature, typed or printed name of registered a	Igont and title if applicable (N ND DIRECTORS	OTE: Registered Ap	ent signatur	e required when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECT	ORS IN 12
TITLE	OFFICEROA	DELETE	1,1 TITLE		P/T/S/D		Chang	
NAME		_	1.2 NAME		CHERYL A. TUCKER			• •
STREET ADDRESS			1,3 STREE	T ADDRESS	1800 NW 58 AVE			
D114-S1-7/P			1.4 CITY-	ST-ZIP	LAUDERHILL FL 38313			
TITLE		☐ DELETE	2.1 TITLE				Chang	ge Addition
NAME			2.2 NAME			:		
STREET ADDRESS				† ADDRESS	]			
CITY - S1 - ZIP		☐ DELETE	2 4 City-	ST-ZIP			Chang	pe Addition
TITLE NAME			31 THLE 3.2 NAME		Ļ		FT CHOILE	אניים אניים אניים
STREET ADDRESS			1	T ADDRESS				
City-St-ZiP			3.4. CITY-					
1:1LE		DELETE	4.1 TITLE				Chang	ge Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CH Y - ST - ZIP			4.4 CiTY-	ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE				Chang	ge 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
City - St - 7IP Titlé		DELETE	5.4 CITY- 6.1 TITLE	51-ZIP			Chang	ge Addition
NAME		DELCTE	62 NAME					a - Land Control
STREET ACORESS				T ADDRESS				
DITY-S1-ZP			64 City-					
	ļ			<del></del>	·			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April2491654)731-9052